

**Counselling Referral Form for The Upside**

This form is to be filled out by/for an individual who wishes to receive one-on-one counselling through Uppertunity. Please complete all sections of the referral form, giving as much information as possible and attaching additional information if needed. Where not applicable, please write NA. Please return to [danielledp@uppertunity.co.uk](mailto:danielledp@uppertunity.co.uk).

Uppertunity complies with General Data Protection Regulation. All measures are taken to keep data safe and secure. Uppertunity will not share this information with any other individual or organisation. If you wish to update or remove any information, please contact the manager and we will not hesitate to do so.

1. Person referred:

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| --- | --- | --- |
| Name: | | DOB: |
| Contact Number: |  | |
| Contact email address: |  | |

1. Contact person in case of an emergency:

|  |  |
| --- | --- |
| Name | Relationship to client: |
| Contact details: | |

1. GP details:

|  |  |
| --- | --- |
| Surgery name: |  |
| Doctor name (If known): |  |
| Surgery address: |  |
| Surgery contact number: |  |

1. Availability:

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| Days available: |
| Times available: |

1. Reason for referral to counselling:

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1. Please provide any further information about yourself that you feel is relevant:

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1. Please outline any additional needs of the referred individual which you feel the counsellor or organisation needs to be aware of, such as wheelchair access, sensitivity to smells, etc:

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1. Desired outcome from receiving counselling:

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